



Department of Defense DIRECTIVE

AD-A272 595



July 8, 1986
NUMBER 6010.14

ASD (HA)

SUBJECT: Inpatient Medical Care for Foreign Military Personnel

- References:
- (a) Public Law 99-190, "The Department of Defense Appropriations Act, 1986," Section 8034, December 19, 1985
 - (b) DoD Directive 6010.4, "Dependents' Medical Care," April 25, 1962
 - (c) DoD 6010.8-R, "Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)," January 10, 1977, authorized by DoD Instruction 6010.8, October 24, 1984 (Reissuance)
 - (d) DoD Directive 5530.3, "International Agreements," December 6, 1979
 - (e) DoD Directive 5105.46, "Civilian Health and Medical Program of the Uniformed Services," December 4, 1974
 - (f) DoD Directive 6310.7, "Medical Care for Foreign Personnel Subject to the North Atlantic Treaty Organization (NATO) Status of Forces Agreement (SOFA)," December 18, 1962

A. PURPOSE

This Directive implements reference (a) that states the following: "None of the funds appropriated by this Act shall be available to provide medical care in the United States on an inpatient basis to foreign military . . . personnel or their dependents unless the Department of Defense is reimbursed for the costs of providing such care: Provided, that reimbursements for medical care covered by this section shall be credited to the appropriations against which charges have been made for providing such care, except that inpatient medical care may be provided in the United States without cost to military personnel and their dependents from a foreign country if comparable care is made available to a comparable number of United States military personnel in that foreign country."

B. APPLICABILITY

This Directive applies to the Office of the Secretary of Defense (OSD), the Military Departments, the Organization of the Joint Chiefs of Staff (OJCS), the Unified and Specified Commands, and the Defense Agencies (hereafter referred to collectively as "DoD Components").

C. DEFINITIONS

Terms used in this Directive are defined in enclosure 1.

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D. POLICY

It is DoD policy that:

1. The Department of Defense shall make available inpatient medical care in DoD medical treatment facilities, without cost to foreign force members and their dependents in the United States, when the Assistant Secretary of Defense (Health Affairs) (ASD(HA)) determines that comparable care is made available to a comparable number of U.S. force members and their dependents in the foreign country concerned and concludes an appropriate international agreement with that country under this Directive. Foreign force members eligible for inpatient care under that criteria are also eligible for supplemental care without cost.

2. Foreign force members and their dependents in the United States who do not meet the criteria in subsection D.1., above, and who are otherwise eligible for and receive DoD inpatient medical care in a DoD medical treatment facility, must reimburse that facility for such care at the appropriate DoD reimbursement rate.

3. An international agreement concluded under this Directive shall, insofar as possible, be consistent with the provisions of DoD Directive 6010.4, DoD 6010.8-R, DoD Directive 5105.46, and DoD Directive 6310.7 (references (b), (c), (e), and (f)).

E. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) shall act on recommendations for comparable care agreements forwarded under subsection F.1., below, and negotiate and conclude any necessary international agreements.

2. The Assistant Secretary of Defense (Comptroller) (ASD(C)) shall establish policies and procedures for pricing and collecting for medical services provided under this Directive.

3. The Secretaries of the Military Departments shall comply with this Directive regarding medical care foreign going force members and their dependents.

F. PROCEDURES

1. Recommendations for comparable care agreements may be submitted to the ASD(HA) by a DoD Component or an agency of a foreign government. The recommendation must include enough information to evaluate the benefit to the United States, what the DoD would receive and be expected to provide, and the numbers of foreign and U.S. force members and their dependents who may be affected by the agreement.

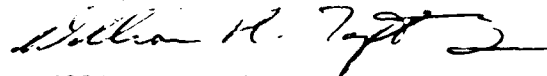
2. The ASD(HA) shall act on each recommendation and notify the originator of the result.

3. The ASD(HA) shall coordinate proposed international agreements with the USD(P) and appropriate DoD Components, provide copies of concluded agreements to the DoD Components, and furnish guidance concerning implementation of the agreements.

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G. EFFECTIVE DATE AND IMPLEMENTATION

This Directive is effective immediately. Forward one copy of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days.



William H. Taft, IV
Deputy Secretary of Defense

Enclosure - 1

1. Definitions

DEFINITIONS

1. "Comparable care is made available to a comparable number" (see section A.). The United States shall make inpatient medical care available for force members of a foreign country and their dependents to a similar degree that that country makes such care available to the United States for its force members and their dependents.

2. Dependent. The spouse or child of a force member, as follows:

a. Child. The term has the same meaning as for U.S. force members for the purpose of establishing entitlement to medical care under DoD Directive 6010.4 and DoD 6010.8-R (references (b) and (c)).

b. Spouse. A person who, based on laws or customs of the force member's country, is considered to be the lawful wife or husband of the force member.

3. Force. Military members of the Armed Services (land, sea, or air) of one country, when such members are in the territory of another country in connection with their official duties; provided, that such members shall not be considered a force if the primary purpose of their presence is to receive health care under an agreement approved under this Directive.

4. International Agreement. As defined in DoD Directive 5530.3 (reference (d)).

5. Supplemental Care. Medical care authorized, ordered, and funded by the commanding officer or officer-in-charge of a DoD medical treatment facility in another DoD medical treatment facility, or from another U.S. Government Agency, or from a civilian source, when the patient requires authorized care beyond the capabilities of the serving DoD medical treatment facility.

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